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APPLICANTS

GORDON HOWARD EPSTEIN, FREMONT, CA;

MITCHELL E. LEVINSON, PLEASANTON, CA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <u>Shennedy</u> Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
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ADDRESS

BAXTER HEALTHCARE CORPORATION

PO BOX 15210

IRVINE, CA

92623-5210

TITLE

COMPONENT MIXING CATHETER

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